

Handbook for Patients & Families

Center for Forensic Psychiatry

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Michigan Department
of Community Health



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Important Telephone Numbers

Alliance for the Mentally Ill Michigan	517/485-4049
.....	800/331-4264
Center for Forensic Psychiatry (CFP)	734/429-2531
CFP Ethics Committee	734/429-2531, ext. 229
Office of Recipient Rights at Forensic Center..	734/429-9018
Mental Health Association in Michigan	800/482-9534
Michigan Association of Community Mental Health Boards	517/374-6848
Michigan Dept. of Community Health	517/335-3500
Michigan Protection and Advocacy Services....	800/292-5923
National Schizophrenia Foundation	517/485-7168
Michigan Self-Help Clearinghouse	800/752-5858

How to find us:

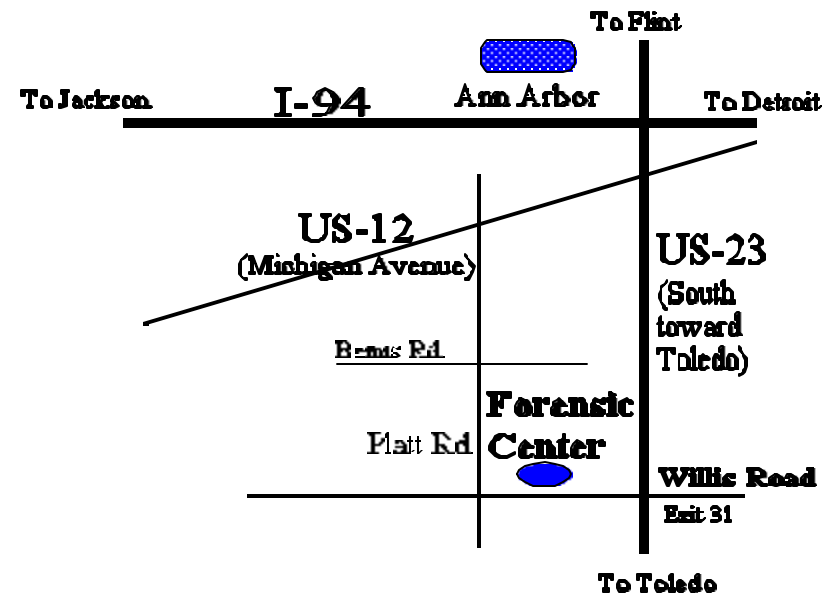


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Center for Forensic Psychiatry (CFP) (also known as the Forensic Center)

The Center for Forensic Psychiatry's mission is to provide quality mental health services to individuals and the Michigan court system.

The word *forensic* means "relating to the courts."

The Forensic Center conducts court-ordered evaluations for criminal courts, and provides treatment for mentally ill individuals who are, or have been, involved with the criminal justice system. The Center serves the whole state of Michigan, and is accredited as a psychiatric hospital by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Most individuals admitted for treatment either have criminal charges pending or they have been found not guilty of criminal charges by reason of insanity.

Occasionally, mentally ill individuals who are unable to be managed adequately in other state-operated hospitals will be transferred to the Center for treatment for brief periods. Because the Center is a "maximum security" mental hospital, certain restrictions are imposed on patient movement, activities, and personal items.

The Forensic Center, established by the State of Michigan in 1966, is part of the Bureau of Forensic Mental Health Services, which is a division of the Michigan Department of Community Health (MDCH). Within the Forensic Center, there are three major divisions or departments: **Evaluation Services**, **Treatment Services**, and **Administrative Services**.

The Evaluation Services Division conducts different types of evaluations for Michigan's criminal courts to respond to questions regarding an individual's *current mental state* (competency) and/or his or her mental state *at the time of a crime* (criminal responsibility or culpability). (See pages 9-11 in this pamphlet for details.)

The Treatment Services Division provides inpatient treatment and/or

diagnostic services for individuals who have been found either Incompetent to Stand Trial (IST) or Not Guilty by Reason of Insanity (NGRI) (see pp 9-11 for an explanation of these terms).

Occasionally, individuals who have been committed to another state hospital for psychiatric treatment under Chapter 4 of the Michigan Mental Health Code may be transferred to the Forensic Center for treatment. Such persons usually are transferred here because they present special management problems in the less restrictive setting. In very rare instances, prisoners from the Department of Corrections may be transferred to the Center for treatment.

The Administrative Services Division provides administrative and support services for the other two divisions, such as food, accounting, maintenance, and housekeeping services.

Patients' Rights. Patients have certain rights which are listed in Chapter 7 of the **Michigan Mental Health Code** (1996), *Rights of Recipients of Mental Health Services*. Basically, Chapter 7 states that patients have the right to be treated with dignity and respect and be provided safe, sanitary, and humane treatment in the least restrictive setting appropriate to their mental condition. A booklet entitled, *Your Rights When Receiving Mental Health Services in Michigan* (1997), published by the MDCH Office of Recipient Rights, summarizes these rights, and is provided to all patients at the Center. Copies are available upon request.

A **Recipient Rights Advisor** is located at the Center. The Recipient Rights Advisor investigates reported rights violations, and can be reached at **734/429-9018, or 734/429-2531, ext. 542**. There is also an Office of Recipient Rights (ORR) in Lansing that handles questions about rights violations. The Lansing office can be reached at 1-800-482-3604, and the mailing address is: **Office of Recipient Rights, Michigan Dept. of Community Health, Lewis Cass Building, Lansing, MI 48913**.

If an individual demonstrates harmful or unacceptable behavior, certain patient's rights may be restricted by court order or by treatment team or administrative action. These rights include, but are not limited to, the following:

The right...

...to manage one's own affairs.

...to have information kept private.

...to receive and send mail privately.

...to not have phone calls monitored or restricted.

...to have access to visitors.

...to wear one's own clothes and keep one's own property.

...to have one's money kept in an account in one's name with ready access to that money.

For example, if a patient is careless with money, a petition may be filed in probate court to appoint a guardian to handle the patient's funds. Or, if a patient is known to make inappropriate phone calls, use of the telephone may be restricted to be able to only *receive* calls. Again, any restrictions on these rights must be by court order or be addressed in the patient's treatment plan. (Please refer to pages 12-13 for more information about *treatment plans*.)

There are some patients' rights that are not subject to restriction. These include the right...

...to see one's own attorney, doctor or mental health professional.

...to appropriate assessment and management of pain.

...to have an individualized written plan of services and to participate in the planning of one's own treatment.

Use of Seclusion or Restraint. On occasion, staff at the Center may find it necessary to temporarily seclude or restrain a patient in order to help that patient regain control of his or her behavior. These measures are used only to prevent self-harm to the patient or physical harm to others. The use of seclusion or restraint is subject to strict controls and is closely monitored according to MDCH guidelines and standards established by the JCAHO.

Privacy and Confidentiality. Patients are allowed to decide for themselves if they wish to have information about them kept private, and to what extent. For example, upon admission, patients are asked to choose whether they wish to receive phone calls while at the Center or not. Patients must also give permission for the Forensic Center to release information about them to *anyone* other than the courts -- including their own family members.

Exceptions to the “confidentiality rule” involve statements made by a patient during an evaluation that will result in a *court report* or *doctor’s certificate*. In particular, patients who have been found Incompetent to Stand Trial (IST) are told that talks between them and members of their treatment team are *not* confidential, and therefore can be disclosed in court. For that matter, *any* member of the treatment team can be called to court to testify about a patient’s behavior and/or mental state while at the Center as it relates to court proceedings.

Integrity of Clinical Decisions and Forensic Opinions. It is Forensic Center policy to avoid compromising the quality of care and quality of forensic opinions by ensuring that clinical decisions are based on identified patient health care needs, and that forensic opinions are based on accepted forensic standards and practices. Clinical decision-making and the formulation of forensic opinions, as they relate to the delivery of services, should not be compromised by financial, administrative, legal or political influences or incentives.

Ethical Treatment. In addition to being treated with dignity and respect, patients at the Forensic Center are entitled to fair and just consideration. If a patient, family member or guardian believes the patient is being treated unfairly or unjustly, a complaint should be filed with the Center’s **Ethics Committee by calling 734/429-2531, ext. 229**; by writing to the Ethics Committee at the address on the front cover; or by contacting the Michigan Department of Community Health **Office of Recipient Rights** (see p. 2) or **Michigan Protection and Advocacy Services** (800/292-5923).

Designating a Patient Advocate

WHAT IS A PATIENT ADVOCATE? A Patient Advocate is someone who acts on a patient’s behalf regarding his or her medical needs should the patient become unable to make his or her own health care decisions. Most people choose a family member or a close friend to be their Patient Advocate.

WHY WOULD A PATIENT WANT TO HAVE A PATIENT ADVOCATE? A Patient Advocate will make sure that the patient’s wishes regarding medical care are followed if the patient ever becomes unable to make medical treatment decision.

HOW CAN A PATIENT GET A PATIENT ADVOCATE? If a patient would like to designate a Patient Advocate, his or her psychiatrist, nurse, or chief clinician can help the patient contact someone who could assist in making the necessary arrangements. Some people who could help with the process of obtaining a Patient Advocate might be a lawyer, a family member, or **Michigan Protection and Advocacy Services** (800/292-5923). The document involved in designating a Patient Advocate is sometimes called an ***Advance Medical Directive***.

NOTE: The Forensic Center is not allowed to honor the conditions of any *Advance Medical Directive* completed after the patient has been admitted for treatment.

WHAT IF A PATIENT HAD A PATIENT ADVOCATE BEFORE BEING ADMITTED TO THE FORENSIC CENTER? If a patient already has a Patient Advocate designated before being admitted, the patient should tell his or her psychiatrist, nurse, or chief clinician. Forensic Center staff will then be aware that the patient currently has a designated Patient Advocate. Staff will make a good faith effort to contact the designated Patient Advocate if it is ever necessary to make a medical decision at a time when the patient is unable to make medical decisions for him or herself.

Seven Areas of Special Interest:

1. **PHONE PRIVILEGES.** Each inpatient unit has one or more telephones which patients can use to **place or receive calls between 8:00 a.m. and 10:00 p.m.** Collect calls can be *placed to others*, but not received. Family and friends can call the Center at **734/429-2531** and ask to be connected to the “patients’ telephone” on the assigned inpatient unit. As hospital funding permits, “\$10 phone cards” are provided to all patients once a month which patients can use to call family members or friends, including one’s attorney.
2. **MAIL.** Patients may send and receive mail without restriction. However, all incoming mail addressed to the patient *will be opened in the presence of staff* to insure that prohibited items are not enclosed. Patients may send 3 *free* mailings per week.
3. **FUNDS FOR INDIGENT PATIENTS.** Patients without funds of their own are provided \$7.50 per week to spend if they have had no more than \$37.49 processed through their account during the preceding month. “Indigent funds” are deposited in patients’ accounts on or about the 10th of each month.
4. **PERSONAL FUNDS.** Money that patients bring with them when admitted is deposited into separate, interest-bearing accounts in each patient’s name. Money may be withdrawn for personal expenditures at regular times throughout the week and prior to holidays and weekends. Receipts are provided for deposits and withdrawals, and account statements are issued monthly.
5. **MEDICAL, DENTAL & VISION TREATMENT.** The Center makes every effort to control the spread of infections and arranges for patients to see medical doctors on the units for routine medical problems. Patients who experience more serious medical problems, or who need specialized treatment, are taken to a local hospital for medical care. **Dental, vision or foot** problems are treated first in clinics located on the grounds of the Center, or patients may be

referred to a local hospital, or a medical or dental clinic, for treatment if necessary.

Patients do have the right to seek medical or dental care privately, but they must be able to pay for such services with their own funds or insurances. Transportation to a private doctor or dentist would be provided by Forensic Center staff in a state vehicle.

6. **PERSONAL PROPERTY.** Space permitting, patients are allowed to keep their own clothes and personal items that are not specifically prohibited. Each patient is responsible for his or her own property and is provided limited, locked storage space on the unit. Limited additional storage is provided for valuable, prohibited, or excess items, which are labeled with the patient’s name and stored in a locked, central property area.

Due to security requirements at the Center, some personal items are not permitted on the inpatient units because they could be used to harm oneself or others. For example, ball point pens, tools of any type, matches, scissors, mirrors, and products containing alcohol are all prohibited. Food items are also prohibited. Patients may have small portable radios or tape players if the recording function has been disabled, but personal television sets are not allowed. We do not have space to list all prohibited items here, so family members should ask for an “excluded items list” or check with security staff or a patient’s chief clinician if there are questions about particular items.

7. **VISITING.** Regular visiting hours at the Forensic Center are **1:00 - 3:00 p.m., 7 days a week**, with extended hours during holidays. *Personal contact is not allowed during regular visits* (visitors are separated from patients by a glass & screen barrier). **Picture identification is required for all visitors over 16 years of age.** Children under 12 are not to be left unattended in the visiting lobby, so visitors are asked to provide proper supervision. Other rules are posted in the visiting lobby.

Barrier-free visits with family members may be held if the visit is approved by the treatment team and arrangements are made through the patient's chief clinician. Barrier-free visits are monitored by security staff and are granted under the following conditions:

Such visits are limited to one hour in duration.

Only two visitors will be allowed in the visiting room at one time; exceptions are possible with prior approval.

Patients and family members may embrace, hold hands, and briefly kiss during the visit. A visit may be ended for security or safety reasons, or if physical contact becomes sexually inappropriate.

Food or pets are not allowed.

All visitors must be approved prior to the visit.

Family Therapy. Family therapy sessions are offered if the treatment team determines they may be of benefit to the patient and members of his or her family. These sessions would be arranged by the patient's chief clinician.

F**requently Asked Questions**

Q. *Is the Forensic Center more security-conscious than other state hospitals?*

A. Yes. Extra security precautions are necessary to maintain the safety of patients, staff and visitors, and to prevent escapes. Almost all of our patients are, or have been, involved with the criminal justice system, often for violent crimes.

Q. *How are things made safer at the Center?*

A. We have more staff on the inpatient units than other state hospitals, doors are kept locked, and patient movement between units or outside the Center is restricted and closely supervised. Also, items that might be made into weapons are not allowed. The inpatient building itself is surrounded by a high fence with both video and electronic monitoring devices.

Q. *Do these extra security measures affect visitors?*

A. Yes. The number of visitors is restricted, visitors must agree to be "scanned" by a metal detector, and visitors are not allowed to take purses or other items with them into the visiting area. Except for **Barrier-free visits** as noted in the section on VISITING (see pages 7-8), visitors and patients are separated by a glass & screen barrier, which allows visitors and patients to freely talk to each other but prevents physical contact.

Gifts and packages cannot be given directly to the patient. Because packages must be inspected and the contents properly receipted, we ask that you do not wrap gifts. If approved, the gift or package contents will be given to the patient after he or she returns to the inpatient unit. For a list of "excluded" items, please ask at the visiting desk or contact the patient's clinician.

Q. *What type of patients are treated at the Forensic Center?*

A. All patients at the Center have a mental illness or an emotional disorder, and virtually all currently have – or had – criminal charge against them. There are three categories of patients:

1. ***Incompetent to Stand Trial (IST)***. Being *IST* means that criminal charges have been brought against a person and a district or circuit court has determined that the person is not capable of standing trial *due to his or her current mental or emotional state*. This means the person may not fully understand the criminal charge(s), or may be having difficulty working with his or her attorney in a rational manner, or both. Treatment is provided within time limits defined by law until the person is well enough to return to court and face the criminal charge(s).

Persons who have been found IST can be treated for a maximum of 15 months, or no longer than *one-third of the maximum sentence* they would receive if found guilty of the

charge(s) against them. Most patients are restored to competency within two to three months, at which time they are returned to jail and to court to stand trial. If a person does not regain competency within the legal time limits, civil commitment proceedings usually are begun so that psychiatric treatment can be continued. The criminal charges are dropped at this point, but may be reinstated if, later, the person becomes competent.

2. *Not Guilty by Reason of Insanity (NGRI)*. Another type of patient admitted here is someone who has been found *NGRI* in a District or Circuit court. These patients have been to trial, and a judge or a jury has determined that they were not legally responsible for their actions due to their *mental or emotional state at the time of the crime*.

Michigan law requires that persons found *NGRI* be evaluated and observed at the Forensic Center for up to 60 days to determine if they are mentally ill and in need of treatment. This is called a *60-day Diagnostic Period*.

During the *60-day Diagnostic Period*, if a person is found not mentally ill, or is mentally ill but does not need to be treated in a hospital, he or she will be released. In rare instances, if psychiatric treatment is needed, it may be possible to provide it through local community mental health programs near the person's home.

If the person is found to be both mentally ill and in need of inpatient psychiatric treatment, a recommendation is made to the trial court that the person be hospitalized for psychiatric treatment. The trial court will instruct the prosecuting attorney to file a Petition/Application for Hospitalization in probate court, which can be either in the county where the crime took place or in the person's county of residence. That probate court then will have jurisdiction over the case from that point forward.

If a treatment order is issued by the probate court, the first one will be for 60 days. (This is in addition to the 60-day *diagnostic* period noted above.) A **90-day Continuing Treatment Order** follows the 60-day Treatment Order if that person still needs inpatient treatment when the 60-day period expires. A **One-year Continuing Treatment Order** may be requested if treatment is still needed after the 90-day period expires.

A person on a One-year Continuing Treatment Order has the opportunity to go to court twice a year: whenever a *6-month Review Report* is sent to the court, and when a petition is filed to continue the one-year treatment order. At any hearing, the probate court may order treatment on an outpatient basis or in a less restrictive setting if it is determined that such treatment would be appropriate.

3. *Transfers from other hospitals*. Occasionally, patients are transferred to the Center from other state-operated psychiatric hospitals. These persons may or may not have charges filed against them, but they have been ordered to receive psychiatric treatment in a hospital by a court, which is most often a probate court.

Usually, these patients are sent here because they present special diagnostic questions or management problems. Because the Forensic Center is part of the Michigan Department of Community Health, these individuals can be sent to the Center for treatment until they can be managed in a less restrictive setting, at which time they will be returned to the hospital that sent them.

- Q. *Are patients ever discharged directly to home or to the community from the Forensic Center?***
- A.** Rarely. After they have been restored to competency, IST patients are usually sent back to the county jail from where they came to

face the charge(s) against them. NGRI patients who no longer need be at the Forensic Center are almost always transferred first to another state-operated hospital (or another less restrictive setting) to prepare them for discharge and for treatment in their home community if needed. There may be exceptions from time to time in either case.

Because the Center treats patients from all over Michigan, clinical staff are not familiar with treatment programs available in each community. Therefore, when NGRI patients are being considered for discharge, they are usually first transferred to another state-operated hospital that serves the community where they will live. Detailed discharge planning is then conducted at that hospital in cooperation with families and the local community mental health agency so that the best possible community treatment programs can be arranged for patients.

Q. *What about the units where the patients live at the Center?*

- A.** The Center is made up of seven inpatient units, most of which are set up to accommodate between 30-36 patients each. Most patient sleeping areas are located in large rooms that are divided by partitions to allow some privacy, although a few patients do sleep in individual rooms. During the day, patients have access to large dining rooms where their meals are served and some activities conducted, and to large day rooms where they can participate in a variety of therapeutic and recreational activities and programs.

Q. *How are treatment plans developed?*

- A.** Using a process called ***“Person-Centered Planning,”*** the patient and the treatment team work together to develop an individualized plan of services, often called a “treatment plan.” Treatment typically includes the use of medications to treat the mental or mood disorder; individual, group or family therapy; learning how to cope with alcohol and substance abuse; instruction on how to manage medications and symptoms; and opportunities to participate in

various treatment programs and activities. All efforts are focused on helping the patient return to court, move to a less restrictive setting, or be considered for discharge.

It works like this: when first admitted, the patient is asked to identify personal goals he or she hopes to achieve while in the hospital. Also, various treatment team members assess each patient during that first week. The whole treatment team then meets with the patient to help determine realistic treatment goals, and to develop a plan on how to achieve those goals. The team will also help the patient begin to think about discharge and to identify special problems that may prevent discharge.

The patient is also asked to identify family members and other persons that he or she might want to include in the treatment planning process. If these individuals have indicated they want to be involved in the treatment planning process, *and* the patient agrees, efforts will be made to meet with them and include them in developing the treatment plan. (Parents of minors and legal guardians will be included in the development of the treatment plan from the beginning.)

Q. *Can patients or family members make comments in the patient’s medical record?*

- A.** Forensic Center policy and state law allow for patients, family members, guardians, or parents of minor children to review a medical record under certain conditions. Any of these individuals may insert a written response in the medical record if they don’t agree with what has been stated, or wish to provide additional or clarifying information. Arrangements to make entries in the medical record can be made by contacting the chief clinician or notifying staff in the visiting lobby.

Q. *Who are the staff that take care of the patients?*

A. The Treatment Team is comprised of staff from several different disciplines, all of whom work directly with patients on the inpatient units. The following disciplines are represented: psychiatry, social work, nursing, psychology, occupational or recreational therapy, and security. Other staff also may have contact with patients to consult about such things as dietary or educational needs.

Unit Director. Each unit has one psychiatrist assigned as the Unit Director, and often one other psychiatrist to assist with psychiatric care of patients. The Unit Director leads the Treatment Team for that unit and supervises the development of treatment plans. In addition to being responsible for the overall treatment of patients on the unit, the Unit Director has patients assigned directly to his or her care.

Chief Clinician. Almost all Chief Clinicians at the Forensic Center are clinical social workers with a Master's of Social Work (MSW) degree. The Chief Clinician helps patients develop and carry out their treatment plans, which includes planning for discharge or transfer to a less restrictive setting. The Chief Clinician provides individual and group therapy as needed and involves patients in various programs and activities to help in their recovery efforts. The Chief Clinician is also the main contact person for a patient's attorney and for family members and friends.

Registered Nurses (RN's). Nurses provide 24-hour nursing care on the units. They also administer medications, teach patients about medications, assess medical conditions, conduct groups, and help develop individual treatment plans.

Consulting Psychologists - These are clinical psychologists with a Doctorate degree (PhD or PsyD) in clinical psychology who are assigned to work with the Treatment Team on a variety of clinical matters. Psychologists also help develop the treatment plan, and they provide consultation, do psychological testing, conduct group

therapy when indicated, and occasionally serve as a chief clinician.

Recreational, Music, or Occupational Therapists. These individuals are specially trained in providing therapy using activity and recreational programs, or they may help to develop or expand occupational skills. These therapists also help develop the treatment plan.

Forensic Security Aides & Supervisors (FSA's & FSS's). These para-professional staff are on the inpatient units 24-hours a day. They monitor and supervise patients' behavior on the unit, assist patients in various activities of daily living, conduct activities and programs, and help run groups. They also provide information about individual patients that is used in developing and implementing treatment plans.

Other individuals who are involved in treatment planning or who may have contact with patients:

Dietitian. A registered dietitian oversees the nutritional needs of the patients, and arranges for special diets for individual patients. A dietitian will meet with the patient and members of the Treatment Team as needed to discuss special diet needs and other dietary concerns.

Educational Specialists. Special education teachers are trained to work with developmentally or emotionally disabled individuals. They work with patients to complete their high school education, help advanced students work on college-level courses and certifications, and teach pre-vocational and daily living skills.

Pharmacists. Registered pharmacists dispense the many prescription medications ordered for patients at the Center. Pharmacists also consult with individual treatment teams about matters related to medications. Pharmacists also sometimes will help teach patients about the medications they receive in addition to providing doctors and other staff with up-to-date information about

the various medications used to treat mental and mood disorders.

Pastoral Services. The Center has a full-time minister on staff to provide religious counseling and services to our patients. Non-denominational church services are provided weekly. Arrangements can be made to provide access to clergy of different faiths as the need arises.

Library Services Access to various library materials, including books, magazine subscriptions, audio & video tapes, tape players, and large print materials, is provided on each inpatient unit. Selection of new materials is based mostly on patients' interests, which is determined by individual requests and surveys, and at patient government meetings. Materials that support various treatment and recreational programs are also provided. The Center employs a full-time, staff librarian who is responsible for purchasing, cataloging, and distributing materials requested by the various inpatient units, and who also provides library services to all CFP staff.

The Forensic Center also provides graduate and post-graduate training for individuals who wish to specialize in forensic mental health practice. The following individuals may be involved with patients at the Forensic Center as part of their clinical training:

Forensic Residents & Fellows. These professionals are fully trained and licensed psychiatrists (MD's) or clinical psychologists (PhD's or PsyD's) who come to the Center for advanced training in forensic psychiatry and psychology. They may participate as members of the treatment team and often function as the Chief Clinician for assigned patients. They are supervised by experienced, professional staff members in the same field of practice.

Students and Interns. The Center also provides supervised learning opportunities for both bachelor's and master's level

students enrolled in various types of clinical programs at local universities and colleges. Students studying social work, psychology, medicine, nursing, occupational therapy, and recreational therapy will come to the Center for varying periods of time to develop their clinical skills. These students are assigned to work directly with patients under the supervision of qualified professional staff in the same field.

+++ Personal Notes +++

Use this space to make notes about the patient's unit, doctor, chief clinician, medications, and other matters of importance.

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Treatment Services Division and Department of Social Work,
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